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| Application Data Sheet 37 CFR 1.76 | | Attorney Docket Number | 12ZH-127124 |
| | | Application Number | 10/591,966 |
| Title of Invention | ORTHOTIC DEVICE AND SEGMENTED LINER | | |

The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.

Secrecy Order 37 CFR 5.2

| | |
|--------------------------|---|
| <input type="checkbox"/> | Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.) |
|--------------------------|---|

Applicant Information:

| | | | | | |
|---|----------------|---|--|---|-------------|
| Applicant 1 | | | | | |
| Applicant Authority | | <input checked="" type="radio"/> Inventor | <input type="radio"/> Legal Representative under 35 U.S.C. | <input type="radio"/> Party of Interest under 35 U.S.C. | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | ROBERT | | GILMOUR | | |
| Residence Information (Select One) | | <input type="radio"/> US Residency | <input checked="" type="radio"/> Non US Residency | <input type="radio"/> Active US Military Service | |
| City | Waiheke Island | State/Province | AUCKLA | Country of Residence ⁱ | NEW ZEALAND |
| Citizenship under 37 CFR 1.41(b) ⁱ | | NZ | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | P.O. Box 591 | | | |
| Address 2 | | | | | |
| City | Waiheke Island | State/Province | Auckland | | |
| Postal Code | | Country ⁱ | New Zealand | | |
| <input checked="" type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below. | | | | | |

| | | | | | |
|---|------------|---|--|---|----|
| Applicant 2 | | | | | |
| Applicant Authority | | <input checked="" type="radio"/> Inventor | <input type="radio"/> Legal Representative under 35 U.S.C. | <input type="radio"/> Party of Interest under 35 U.S.C. | |
| Prefix | Given Name | Middle Name | Family Name | Suffix | |
| | Michael | | Skahan | | |
| Residence Information (Select One) | | <input checked="" type="radio"/> US Residency | <input type="radio"/> Non US Residency | <input type="radio"/> Active US Military Service | |
| City | Vista | State/Province | CA | Country of Residence ⁱ | US |
| Citizenship under 37 CFR 1.41(b) ⁱ | | US | | | |
| Mailing Address of Applicant: | | | | | |
| Address 1 | | 320 Pomelo Drive #168 | | | |
| Address 2 | | | | | |
| City | Vista | State/Province | CA | | |
| Postal Code | | 92081 | Country ⁱ | US | |
| <input checked="" type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below. | | | | | |

Applicant Information: (continued)

| | | | | | | | |
|--|---------------|---|----------------|--|-----------------------------------|---|--------|
| Applicant | | | | | | | |
| Applicant Authority | | <input checked="" type="radio"/> Inventor | | <input type="radio"/> Legal Representative under 35 U.S.C. | | <input type="radio"/> Party of Interest under 35 U.S.C. | |
| Prefix | Given Name | | Middle Name | | Family Name | | Suffix |
| | Kevin | | | | Lunau | | |
| Residence Information (Select One) | | <input type="radio"/> US Residency | | <input checked="" type="radio"/> Non US Residency | | <input type="radio"/> Active US Military Service | |
| City | Valley Center | | State/Province | CA | Country of Residence ⁱ | US | |
| Citizenship under 37 CFR 1.41(b) ⁱ | | CA | | | | | |
| Mailing Address of Applicant: | | | | | | | |
| Address 1 | | 31130 Pauma Heights Road | | | | | |
| Address 2 | | | | | | | |
| City | Valley Center | | | State/Province | CA | | |
| Postal Code | 92082 | | | Country ⁱ | CA | | |
| <input type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below. | | | | | | | |

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|--|------------|------------------------------------|----------------|--|-----------------------------------|---|--------|
| Applicant | | | | | | | |
| Applicant Authority | | <input type="radio"/> Inventor | | <input type="radio"/> Legal Representative under 35 U.S.C. | | <input type="radio"/> Party of Interest under 35 U.S.C. | |
| Prefix | Given Name | | Middle Name | | Family Name | | Suffix |
| | | | | | | | |
| Residence Information (Select One) | | <input type="radio"/> US Residency | | <input type="radio"/> Non US Residency | | <input type="radio"/> Active US Military Service | |
| City | | | State/Province | | Country of Residence ⁱ | | |
| Citizenship under 37 CFR 1.41(b) ⁱ | | | | | | | |
| Mailing Address of Applicant: | | | | | | | |
| Address 1 | | | | | | | |
| Address 2 | | | | | | | |
| City | | | | State/Province | | | |
| Postal Code | | | | Country ⁱ | | | |
| <input type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below. | | | | | | | |

| | | | | | | | |
|--|------------|------------------------------------|----------------|--|-----------------------------------|---|--------|
| Applicant | | | | | | | |
| Applicant Authority | | <input type="radio"/> Inventor | | <input type="radio"/> Legal Representative under 35 U.S.C. | | <input type="radio"/> Party of Interest under 35 U.S.C. | |
| Prefix | Given Name | | Middle Name | | Family Name | | Suffix |
| | | | | | | | |
| Residence Information (Select One) | | <input type="radio"/> US Residency | | <input type="radio"/> Non US Residency | | <input type="radio"/> Active US Military Service | |
| City | | | State/Province | | Country of Residence ⁱ | | |
| Citizenship under 37 CFR 1.41(b) ⁱ | | | | | | | |
| Mailing Address of Applicant: | | | | | | | |
| Address 1 | | | | | | | |
| Address 2 | | | | | | | |
| City | | | | State/Province | | | |
| Postal Code | | | | Country ⁱ | | | |
| <input type="radio"/> All Inventors Must be Listed - Additional Inventor Information listed below. | | | | | | | |

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|---|-------------------------------------|------------------------|-------------|
| Application Data Sheet 37 CFR 1.76 | | Attorney Docket Number | 12ZH-127124 |
| | | Application Number | 10/591,966 |
| Title of Invention | ORTHOTIC DEVICE AND SEGMENTED LINER | | |

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

| | |
|--|-------|
| <input checked="" type="checkbox"/> An Address is being provided for the Correspondence Information of this application. | |
| Customer Number | 30764 |
| Email Address | |
| Email Address | |
| Email Address | |

Application Information:

| | | | |
|---|-------------------------------------|---|-------------------------------------|
| Title of the Invention | ORTHOTIC DEVICE AND SEGMENTED LINER | | |
| Attorney Docket Number | 12ZH-127124 | Small Entity Status Claimed | <input checked="" type="checkbox"/> |
| Application Type | Utility | | |
| Subject Matter | medical device | | |
| Suggested Class (if any) | | Sub Class (if any) | |
| Suggested Technology Center (if any) | | | |
| Total Number of Drawing Sheets (if any) | | Suggested Figure for Publication (if any) | 1 |

Publication Information:

| |
|---|
| <input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219) |
| <input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. |

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

| | | | | |
|---------------------|--|--|---|--------|
| Please Select One: | <input checked="" type="radio"/> Customer Number | <input type="radio"/> US Patent Practitioner | <input type="radio"/> Limited Recognition (37 CFR 11.9) | |
| Customer Number | 30764 | | | |
| Prefix | Given Name | Middle Name | Family Name | Suffix |
| | | | | |
| Registration Number | | | | |
| Prefix | Given Name | Middle Name | Family Name | Suffix |
| | | | | |
| Registration Number | | | | |

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Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

| | | | |
|--------------------------|-----------------|--------------------------|--------------------------|
| Prior Application Status | pending | | |
| Application Number | Continuity Type | Prior Application Number | Filing Date (YYYY-MM-DD) |
| PCT/US05/08010 | National Stage | PCT/US05/08010 | 03/10/05 |

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

| | | | |
|--------------------------|-----------------|--------------------------|--------------------------|
| Prior Application Status | | | |
| Application Number | Continuity Type | Prior Application Number | Filing Date (YYYY-MM-DD) |
| | | | |

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

| | | | |
|--------------------------|-----------------|--------------------------|--------------------------|
| Prior Application Status | | | |
| Application Number | Continuity Type | Prior Application Number | Filing Date (YYYY-MM-DD) |
| | | | |

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

| | | | |
|--------------------------|-----------------|--------------------------|--------------------------|
| Prior Application Status | | | |
| Application Number | Continuity Type | Prior Application Number | Filing Date (YYYY-MM-DD) |
| | | | |

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

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| Prior Application Status | | | |
| Application Number | Continuity Type | Prior Application Number | Filing Date (YYYY-MM-DD) |
| | | | |

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| Title of Invention | ORTHOTIC DEVICE AND SEGMENTED LINER | | |

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

| Application Number | Country ⁱ | Parent Filing Date (YYYY-MM-DD) | Priority Claimed |
|--------------------|----------------------|---------------------------------|---|
| NZ531705 | NZ | 2004/03/10 | <input checked="" type="radio"/> Yes <input type="radio"/> No |

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

| Application Number | Country ⁱ | Parent Filing Date (YYYY-MM-DD) | Priority Claimed |
|--------------------|----------------------|---------------------------------|--|
| | | | <input type="radio"/> Yes <input type="radio"/> No |

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

| Application Number | Country ⁱ | Parent Filing Date (YYYY-MM-DD) | Priority Claimed |
|--------------------|----------------------|---------------------------------|--|
| | | | <input type="radio"/> Yes <input type="radio"/> No |

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

| Application Number | Country ⁱ | Parent Filing Date (YYYY-MM-DD) | Priority Claimed |
|--------------------|----------------------|---------------------------------|--|
| | | | <input type="radio"/> Yes <input type="radio"/> No |

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

| Application Number | Country ⁱ | Parent Filing Date (YYYY-MM-DD) | Priority Claimed |
|--------------------|----------------------|---------------------------------|--|
| | | | <input type="radio"/> Yes <input type="radio"/> No |

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|---|-------------------------------------|------------------------|-------------|
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| | | Application Number | 10/591,966 |
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Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

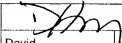
| | | | | |
|--|------------|----------------------|----------------|--------|
| Assignee 1 | | VQ Orthocare | | |
| If the Assignee is an Organization check here. <input checked="" type="checkbox"/> | | | | |
| Prefix | Given Name | Middle Name | Family Name | Suffix |
| | | | | |
| Mailing Address Information: | | | | |
| Address 1 | | 18011 Mitchell South | | |
| Address 2 | | | | |
| City | | Irvine | State/Province | CA |
| Country i | US | Postal Code | 92614 | |
| Phone Number | | | Fax Number | |
| Email Address | | | | |

| | | | | |
|---|------------|-------------|----------------|--------|
| Assignee | | | | |
| If the Assignee is an Organization check here. <input type="checkbox"/> | | | | |
| Prefix | Given Name | Middle Name | Family Name | Suffix |
| | | | | |
| Mailing Address Information: | | | | |
| Address 1 | | | | |
| Address 2 | | | | |
| City | | | State/Province | |
| Country i | | Postal Code | | |
| Phone Number | | | Fax Number | |
| Email Address | | | | |

| | | | | |
|---|------------|-------------|----------------|--------|
| Assignee | | | | |
| If the Assignee is an Organization check here. <input type="checkbox"/> | | | | |
| Prefix | Given Name | Middle Name | Family Name | Suffix |
| | | | | |
| Mailing Address Information: | | | | |
| Address 1 | | | | |
| Address 2 | | | | |
| City | | | State/Province | |
| Country i | | Postal Code | | |
| Phone Number | | | Fax Number | |
| Email Address | | | | |

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Signature:

| | | | | | |
|--|---|-----------|--------|---------------------|------------|
| A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature. | | | | | |
| Signature |  | | | Date (YYYY-MM-DD) | 2010-02-17 |
| First Name | David | Last Name | Heisey | Registration Number | 42,651 |

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1451. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.